STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155655	A. BUILDING 02 B. WING	10/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEABODY RETIREMENT COMMUNITY	400 W SEVENTH ST NORTH MANCHESTER, IN46962

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K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 10/13/11 and 10/14/11 Facility Number: 000485 Provider Number: 155655 AIM Number: 100291190 Surveyor: Amy Kelley, Life Safety Code Specialist At this Life Safety Code survey, Peabody Retirement Community was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2. This facility consists of Health Care Center South a fully	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	sprinklered two story building of Type II (111) construction, and Health Care North and Smock Memory Enhancement Center which are both a one story fully sprinklered building of Type II (111) construction. The facility has a fire alarm system with smoke detection in corridors, areas open to the corridor and resident rooms. The facility has a capacity of 192 and had a census of 163 at the time of this survey. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/19/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K0046 SS=F	Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 18.2.9.1 Based on observation and interview, the facility failed to ensure 2 of 2 emergency light fixtures of at least a 1½ hour duration were tested annually in accordance with LSC 7.9. LSC	K0046	1. We will do an annual 90 minute test on all battery powered emergency lighting.2. All residents are affected equally 3. Facility Technician will use the new form we have created when doing the annual 90 minute battery power test. They will sign	11/13/2011

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	7.9.3 Periodic Testing of Emergency Lighting Equipment requires an annual test shall be conducted on every required battery powered emergency lighting system for not less than a 1 ½ hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors. Findings include: Based on an interview with the Director of Facilities Services on 10/13/11 at 12:00 p.m., she has no written record of an annual test regarding the battery operated emergency lights available for review. Based on observations with the Director of Facilities Services on 10/14/11 at 9:51 a.m., two battery operated emergency lights were observed in the generator room. 3.1-19(b)		and date form when completed and turn into the Director of Facility Services4. Director of Facility Services will keep the generator test binder in office and monitor this insure that the testing is completed and in generator binder	

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K0062 SS=F	Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 Based on interview and record review, the facility failed to maintain the backflow preventers for 1 of 1 health care sprinkler systems as required by NFPA 25, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems at 9-6.2.1 which requires all backflow preventers installed in fire protection system piping shall be tested annually. This deficient practice affects all occupants in the facility receiving sprinkler coverage from the sprinkler system in the mechanical room. Findings include: Based on record review with the Director of Facilities Services on 10/13/11 at 11:28 a.m., an annual inspection report was not available for the back flow preventer in the mechanical room. Based on an interview with the Director of Facilities Services at 3:15 p.m., no other documentation was available for	K0062	1. New company has been hired and educated on where the backflow preventers are located for annual testing.2. All residents are affected equally.3. Current Fire Protection will turn in completed backflow testing paper work directly to the Director of Facility Services.4. Director of Faciltiy Services will insure that backflow test have been completed and papers filed in the Sprinkler & Fire Alarm Inspection binder which will be in Directors office.Director of Facilty Services will monitor this to insure testing is completed.	11/13/2011

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	review. 3.1-19(b)			
K0144 SS=F	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. 1. Based on record review and interview, the facility failed to ensure a monthly load test for 1 of 1 emergency generators was conducted using one of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of generators serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: a. Under operating temperature	K0144	1. 1. We are purchasing a load bank to insure that we run at 30% for monthly load testing. 2. All resident are affected equally. 3. The load bank that we have order has to be made by manufacture and will be delivered in about 8 weeks which should be around the last part of December or first part of January 2012. Once delvered it will be installed by Disko Electric. Facility Technician will turn the generator check list into the Director of Facility Service weekly signed and dated. 4. Director of Facility Services will monitor this weekly to assure it is being completed. A waiver was submitted on 11/7/11 as an addendum to this plan of correction.2. 1. We will install a remote manual stop switch on the emergency generator in a different area from the generator. 2. All residents are affected equally 3. The romote manual stop will be a permanent fixture. 4. Director of Facilty Services will monitor when doing rounds.	11/13/2011

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	conditions or at not less than 30 percent of the EPS nameplate rating. b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. The date and time of day for required testing shall be decided by the owner, based on facility operations. This deficient practice could affect all residents, staff and visitors. Findings include: Based on review of the generator log titled "Generator Weekly Check List" with the Director of Facilities Services on 10/13/11 at 11:30 a.m., the generator log showed a monthly load test for the past twelve months for a thirty minute duration but did not indicate if the generator set ran under operating temperature conditions or a thirty percent nameplate rating load test or recorded the minimum exhaust gas temperatures. Based on an interview with the Director of Facilities Services at the time of record review, no other documentation was available for			

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	review. 3.1-19(b) 2. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level I installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.			

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	Findings include: Based on observation with the Director of Facilities Services on 10/14/11 during a tour of the facility from 9:30 a.m. to 1:35 p.m., the only manual stop for the emergency generator was located on the generator. The facility did not have a remote manual stop for the emergency generator. Based on an interview with the Director of Facilities Services at 10:12 a.m. on 10/14/11, the facility was constructed in 2003 and opened in 2004. 3.1-19(b)			
K0143 SS=E	Transferring of oxygen is: (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; (b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2 Based on observation and	K0143	1. All fire rating doors will have	11/13/2011

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	interview, the facility failed to ensure 1 of 1 areas in the Memory Enhancement Center used for transferring of oxygen was separated by a fire barrier of 1 hour fire resistive construction. This deficient practice could affect any resident near the Memory Enhancement kitchen. Findings include: Based on an observation with the Director of Facilities Services on 10/14/11 at 11:45 a.m., there was an oxygen storage room with two large liquid oxygen containers near the Memory Enhancement kitchen. Based on an interview with the RN # 1, the oxygen storage room is used to transfer oxygen from the liquid containers to small portable tanks. The metal plate providing information on the fire rating of the door had been removed from the door to the oxygen storage room. The Director of Facilities Services could not confirm the door was at least a forty five minute fire rated door. 3.1-19(b)		metal plates in place and visible to read the fire rating.2. All residents are affected equally.3. Central Indiana Hardware will rate and metal plate the fire rating doors that are missing metal plates. Facility Technician will do rounds every 6 months to check fire rated doors to insure that metal plates are in place. Facility Technician will sign off and date in the Preventive Maintenance book when completed.4. Maintenance Supervisor will check Preventive Maintenance book monthly to insure that these rounds are being completed every 6 months.	